



MISSOURI DEPARTMENT OF NATURAL RESOURCES
LAND RECLAMATION COMMISSION
COMPLIANCE SECTION

P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102-0176

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I. COMPANY INFORMATION

A. THE APPLICANT IS A:

☐ Corporation ☒ Partnership ☐ Single Proprietorship ☐ Association ☐ Other (Specify): _____

ANYONE DOING BUSINESS IN THE STATE OF MISSOURI UNDER A NAME OTHER THAN HIS OR HER OWN GIVEN NAME MUST BE REGISTERED WITH THE SECRETARY OF STATE'S OFFICE IN JEFFERSON CITY.

B. LIST THE APPLICANT AND EVERY PERSON ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION. THE DEFINITION OF "PERSON ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION" MEANS ANY PARTNERSHIP, PROPRIETORSHIP, CORPORATION, LIMITED LIABILITY COMPANY, JOINT VENTURE, OR OTHER TYPE OF BUSINESS ENTITY SHALL BE DEEMED TO BE RELATED TO OR ASSOCIATED WITH ANY OTHER PARTNERSHIP, PROPRIETORSHIP, CORPORATION, LIMITED LIABILITY COMPANY, JOINT VENTURE, OR OTHER TYPE OF BUSINESS ENTITY WHICH HAS ONE OR MORE PERSONS WHO SERVE AS AN OWNER, PARTNER, SHAREHOLDER, MEMBER, MANAGER, OFFICER, OR DIRECTOR OF BOTH ENTITIES. THIS DEFINITION INCLUDES NOT JUST SUBSIDIARIES OF THE APPLICANT, BUT SISTER AND PARENT COMPANIES AS WELL AS UNRELATED COMPANIES THAT HAVE SOME OVERLAP WITH OWNERS, SHAREHOLDERS, OR CORPORATE MANAGEMENT.

☐ IF NO OTHER ENTITY OR OTHER PERSON IS ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, PLEASE CHECK THE BOX AT THE LEFT, AND CONTINUE TO THE NEXT PAGE COMPLIANCE SECTION II. "PERMIT INFORMATION FORM".

NAME

John Miner

BUSINESS ALIAS (IF ANY)

Miner's Rock Quarry

EIN/SSN (OPTIONAL)

STREET ADDRESS

Route 1 Box 999

CITY

Anywhere

STATE

MO

ZIP CODE

69999

TELEPHONE NUMBER

(816) 555-5555

OWNER?

☒ YES ☐ NO

PERCENT OWNER (OPTIONAL)

TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF

Partner

BEGINNING DATE OF TERM

8-28-01

ENDING DATE OF TERM

Present

NAME

BUSINESS ALIAS (IF ANY)

EIN/SSN (OPTIONAL)

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

OWNER?

☐ YES ☐ NO

PERCENT OWNER (OPTIONAL)

TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF

BEGINNING DATE OF TERM

ENDING DATE OF TERM

NAME

BUSINESS ALIAS (IF ANY)

EIN/SSN (OPTIONAL)

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

OWNER?

☐ YES ☐ NO

PERCENT OWNER (OPTIONAL)

TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF

BEGINNING DATE OF TERM

ENDING DATE OF TERM

PLEASE MAKE COPIES OF THIS FORM IF THERE IS ADDITIONAL INFORMATION OR USE ANOTHER SHEET OF PAPER USING A SIMILAR FORMAT.



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II. PERMIT INFORMATION

LIST EVERY PERMIT THAT HAS BEEN HELD BY THE APPLICANT AND ANY ENTITY THAT IS LISTED IN THE **COMPANY INFORMATION FORM**. THIS MEANS ANY PERMIT ISSUED BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES INCLUDING THOSE WHICH MAY HAVE BEEN REVOKED, SUSPENDED OR EXPIRED.

☐ IF THERE IS NO OTHER PERMIT ISSUED TO THE APPLICANT OR OTHER PERSON'S ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, PLEASE CHECK THE BOX AT THE LEFT, AND CONTINUE TO THE NEXT PAGE COMPLIANCE SECTION III. "NON-COMPLIANCE INFORMATION FORM".

NAME OF PERMIT HOLDER Miner's Rock Quarry	TITLE OF PERMIT NPDES
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES
Water Pollution Control Program

PERMIT NUMBER XX-XX-XXXX-XX	DATE ISSUED 12/31/00	DATE EFFECTIVE 2/14/01	DATE EXPIRES 1/13/06
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SITE IDENTIFICATION
Bottomless Pit No. 1

LOCATION
Cole County - Section 17, Township 42N, Range 12W

NAME OF PERMIT HOLDER Miner's Rock Quarry	TITLE OF PERMIT Authority to Construct Permit
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES
Air Pollution Control Program

PERMIT NUMBER XXX-XXX-XXXX	DATE ISSUED 12/31/00	DATE EFFECTIVE 12/31/00	DATE EXPIRES 12/31/05
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SITE IDENTIFICATION
Bottomless Pit No. 1

LOCATION
Cole County - Section 17, Township 42N, Range 12W

NAME OF PERMIT HOLDER	TITLE OF PERMIT
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES

PERMIT NUMBER	DATE ISSUED	DATE EFFECTIVE	DATE EXPIRES
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SITE IDENTIFICATION

LOCATION

NAME OF PERMIT HOLDER	TITLE OF PERMIT
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES

PERMIT NUMBER	DATE ISSUED	DATE EFFECTIVE	DATE EXPIRES
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SITE IDENTIFICATION

LOCATION

NAME OF PERMIT HOLDER	TITLE OF PERMIT
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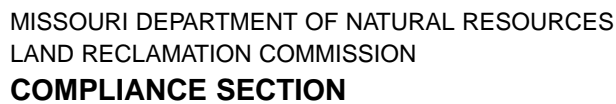
ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES

PERMIT NUMBER	DATE ISSUED	DATE EFFECTIVE	DATE EXPIRES
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SITE IDENTIFICATION

LOCATION

PLEASE MAKE COPIES OF THIS FORM IF THERE IS ADDITIONAL INFORMATION OR USE ANOTHER SHEET OF PAPER USING A SIMILAR FORMAT.



LIST EACH NOTICE OF VIOLATION* OR OTHER NON-COMPLIANCE* THE APPLICANT OR OTHER PERSON'S ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, LISTED IN THE **COMPANY INFORMATION FORM** THAT HAS RECEIVED FOR ACTIVITIES OR FACILITIES LOCATED IN MISSOURI FOR A FIVE-YEAR PERIOD IMMEDIATELY PRECEDING THE DATE ON THE PERMIT APPLICATION FORM. INCLUDE ANY SETTLEMENT AGREEMENT, CONSENT ORDER, CONSENT JUDGEMENT, FINAL ORDER, ETC. *NOTE: THE FOCUS OF THE NOTICE OF VIOLATION OR NON-COMPLIANCE CONCERNS ISSUES THAT HAVE RESULTED IN HARM TO THE ENVIRONMENT OR IMPAIRED THE HEALTH, SAFETY OR LIVELIHOOD OF PERSONS OUTSIDE THE FACILITY.

☐ IF THE APPLICANT OR ANY OTHER PERSON ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, HAS HAD A PERMIT REVOKED AT ANY TIME FROM THE MISSOURI DEPARTMENT OF NATURAL RESOURCES, PLEASE CHECK THE BOX AT THE LEFT AND PROVIDE EXPLANATION BELOW.

☐ IF THE APPLICANT OR ANY OTHER ENTITY ASSOCIATED WITH THE APPLICANT HAS NOT BEEN CITED WITH A NON-COMPLIANCE CONCERNING ENVIRONMENTAL ISSUES FOR ACTIVITIES OR FACILITIES LOCATED IN MISSOURI FOR A FIVE-YEAR PERIOD IMMEDIATELY PROCEEDING THE DATE ON THE PERMIT APPLICATION FORM, PLEASE CHECK THE BOX AT THE LEFT, AND COMPLETE THE LAST PAGE OF THE COMPLIANCE SECTION FORM TITLED "IV. NOTARIZED SIGNATURE".

[illegible]

PLEASE MAKE COPIES OF THIS FORM IF THERE IS ADDITIONAL INFORMATION OR USE ANOTHER SHEET OF PAPER USING A SIMILAR FORMAT.



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IV. NOTARIZED SIGNATURE

NOTE: This form is required when a request for a hearing is on file with the Missouri Land Reclamation Commission concerning the applicant's surface mine application.

By signing this form the applicant verifies that all information contained in the COMPLIANCE SECTION forms is correct, complete, and true to the best of their knowledge.

SIGNATURE OF APPLICANT	TITLE	DATE
Not Valid Unless Signed	Owner	08/28/01

NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOT VALID UNLESS NOTARIZED	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

FOR DEPARTMENT USE ONLY		
APPROVED BY (DIRECTOR'S REPRESENTATIVE)	DATE APPROVED	PERMIT NUMBER

EXAMPLE OPEN PIT